



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA OF BRISTO@
 Child Care Registration Form

CHILD INFORMATION

Name _____ M / F (Circle One) DOB ____ / ____ / ____
 T-Shirt Size _____ Grade Entering _____ School Name _____
 Who does Child live with? _____ Relationship to Child _____

Parent/Guardian #1 Name _____
 Street Address _____
 City _____ State _____ Zip _____
 E-mail _____ DOB _____

Please check the phone number best to reach you at:
 Home Phone (____) ____ - ____
 Cell Phone (____) ____ - ____
 Work Phone (____) ____ - ____

Parent/Guardian #2 Name _____
 Street Address _____
 City _____ State _____ Zip _____
 E-mail _____ DOB _____

Please check the phone number best to reach you at:
 Home Phone (____) ____ - ____
 Cell Phone (____) ____ - ____
 Work Phone (____) ____ - ____

EMERGENCY CONTACT INFORMATION (other than Parent/Guardians listed above)

Name _____
 Relationship to Child _____

Please check the phone number best to reach you at:
 Home Phone (____) ____ - ____
 Cell Phone (____) ____ - ____
 Work Phone (____) ____ - ____

AUTHORIZED PERSONS TO PICK-UP Child (Please list all adults authorized to pick-up your child in your absence.)

Name _____ Phone(s) _____
 Name _____ Phone(s) _____
 Name _____ Phone(s) _____

UNAUTHORIZED PERSONS TO PICK-UP Child (Appropriate paperwork is needed if a parent is not allowed to pick up a child.)

Name(s) _____ Relationship to Child _____

MEDICAL / BACKGROUND INFORMATION

Child's Physician _____ Phone _____
 Child's Dentist _____ Phone _____
 Family Medical/Hospital Insurance Carrier _____ Policy Number _____

Does your child have any special problems or needs? If so, please explain. _____

Does your child have any allergies? Food allergies? _____

Does your child take any kind of medication? _____

Any other information we should know about your child? _____

YMCA OF BRISTOL@

Authorization Form

Student's Name: _____
School: _____
Grade: _____

Afterschool Authorizations

(please initial)

Authorization for Swim, Activity Participation and Transport

I understand that my child is responsible for his/her belongings and his/her behavior. I authorize and give my permission for my child to participate in all program activities, unless notified in writing. This includes water activities and YMCA transportation while staffed by the YMCA or other related personnel. Some field trips require an additional fee or I may be asked to contribute items for special activities.

Authorization for First-Aid / Emergency Medical Care

I hereby grant my permission to YMCA staff and/or medical personnel to give my child first-aid. In the event of an emergency, I give my permission to medical staff selected by YMCA staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. I understand that the YMCA will notify me as soon as possible in the event of illness, injury or emergency. If requested or required, I agree to pick up my child.

Agreement of Fees and Attendance

Fees are to be made payable to the Bristol Family YMCA and paid at the Business Desk of the YMCA over the counter, by draft or mailed to: 400 M L King Jr. Blvd., Bristol TN 37620. I agree to accept full responsibility for my child(ren)'s fees, payable in advance at registration. Any fees returned because of non-sufficient-funds, are subject to a 5% fee.

I understand that payment is due in advance unless previous arrangements have been made. Should two weeks of non-payment occur, it will result in automatic suspension from the program.

If I default on fees, I understand that I will be responsible for the costs of collection. There are no refunds or credits for absences, sickness, mishaps or holidays. Registration fees are non-refundable and non-transferable. Refunds will only be considered by the Program Director in extreme circumstances. I am to receive a receipt for all payments, which I need to keep in my files.

I understand there is a late pick-up fee of \$1.00 for the first 5 minutes and \$1.00 for each additional minute per child for any pick-up after 5:45pm.

Suspension Information

I will be notified if the inclusion of my child is not in the best interest of the program or the child (endangerment, discipline and disrespect). If the situation cannot be resolved, the YMCA reserves the right to suspend or remove any child from the program at my cost.

Photo Release

I grant full permission to the YMCA to use any photographs, tape, or video recordings taken of my child for YMCA promotions only.

Insurance

The parent and/or guardian is responsible for all medical coverage in the event of an accident or emergency.

Scheduled Early Dismissal and School Out Days

I understand that on scheduled early dismissal days and school out days, my child will not be transported by the Y and I will need to provide transportation to the program for those days. Early dismissal days the program will begin and end at our regular after school hours of 3 to 5:45pm. School Out days will be from 8am to 5:45pm. (See schedule for School Out days that are being provided.)

Parental Agreement

I will communicate with the YMCA staff if I have concerns. I will keep the staff informed of any communicable diseases that my child and/or family contract.

Please sign below verifying that you have received the Parent Handbook, read and understand all policies and agree to abide by the policies of the YMCA of Bristol.

Parent/Guardian

Print Name _____ Signature _____ Date _____



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Bristol Family YMCA After School Activity/Payment Agreement Form 2018 - 2019

August 8, 2018 through May 24, 2019

Name: _____ Grade: _____ School: _____

# of Days Per Week	Member Price Per Month	Non-Member Price Per Month	Reduced Lunch (30% off) Price Per Month Member/Non Member	Free Lunch/ SNAP (50% Off) Price Per Month Member/Non Member
1	\$50	\$65	\$35/46	\$25/33
2	\$90	\$105	\$63/74	\$45/53
3	\$130	\$150	\$91/105	\$65/75
4	\$175	\$195	\$123/137	\$88/98
5	\$200	\$220	\$140/154	\$100/110
# of Days: _____ Circle the days: M T W Th F				

Activity Changes	Day/Activity (Circle one activity for each day that your child will be attending)			
Activity changes may be made and will go into effect at the first of each month.	Mondays	STEM	Sports & Games	Arts & Crafts
	Tuesdays	Swimming	Sports & Games	Arts & Crafts
	Wednesdays	Swimming	Sports & Games	Arts & Crafts
	Thursdays	Swimming	Sports & Games	Arts & Crafts
	Fridays	Anything Goes	Sports & Games	Arts & Crafts

Sports will be changing activities each month.

PAYMENT OPTIONS

All payments are due in advance. \$ 100 deposit is due at Registration. You may pay monthly, 2 weeks in advance, (Example: September is due on August 18) over the counter or sign a Bank Draft Agreement Form to have your payments set up to draft automatically.

_____ I will pay monthly over the counter (Ex: Sept is due on Aug 18)

_____ I will pay through automatic draft (Please complete the draft form)

I have read and agree to the terms of the payment options. I have double checked the days and activities that my child(ren) will be attending to ensure accuracy. I understand these choices will remain the same unless I am approved to change an activity through the Program Director, Amanda Widener.

Parent/Guardian Signature

Date

STAFF ONLY: Amt. Paid today: _____ Date: _____ Method: _____ Staff Initials: _____